

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT				<i>Complete if Known</i>	
				Application Number	10/533,324-Conf. #5292
				Filing Date	May 2, 2005
				First Named Inventor	Rasmus Dines Larsen
				Art Unit	1634
				Examiner Name	R. T. Crow
				Attorney Docket Number	HOI-13202/16
Sheet	1	of	2		

[illegible]

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ^d
		Country Code ² -Number ⁴ -Kind Code ³ (if known)				
	BA	JP-05346428-A	12-27-1993	Pasteur Sanofi Diagnostics	Abstract only	

Examiner Signature	/Robert T. Crow/	Date Considered	07/29/2010
-----------------------	------------------	--------------------	------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.18 if possible. ⁶ Applicant is to place a check mark here if English language translation is attached.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /R.T.C

NO REFERENCES THIS PAGE

PTO/SB/08b (07-09)

Approved for use through 07/31/2012. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Complete if Known	
				Application Number	10/533,324-Conf. #5292
				Filing Date	May 2, 2005
				First Named Inventor	Rasmus Dines Larsen
				Art Unit	1634
				Examiner Name	R. T. Crow
Sheet	2	of	2	Attorney Docket Number	H01-13202/16

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		NO REFERENCES THIS PAGE	

Examiner Signature	/Robert T. Crow/	Date Considered	07/29/2010
-----------------------	------------------	--------------------	------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

NO REFERENCES THIS PAGE

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /R.T.C